MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-0$									726		
DO NOT WRITE AMENDS		ENDE"		Registration District No. 042 Primary Registration District No. 1000 Registrar's No.			1351 STATE FILE NUMBER				
ON THIS STUB	A.M.	AMENDED		F11 ED DEC 1 0 1962							
VS 300			-	PLACE OF DEATH COUNTY Buchanan		a. STATE Missouri b. COUNTY Buchanan admission)					
Rev. 4/59	2			OR _	of stay in 1b	c. CITY OR			Inside Limits		
10:117	\$		۱.	TOWN St. Joseph 35	yrs	TOWN	St. Joseph		Yes 🙀 No 🗆		
15/17 25/172	DATE AMENDED		_	HOSPITAL OR	Inside Limits es X No 🗀	d. STREET ADDRESS	37 No. 8th	, give location) St.	Reside on Farm Yes No 🏋		
3	=	+	1-	3. NAME OF DECEASED First Middle		Last		Nonth Day	Year		
		<u> </u>		(Type or print) JACK LE ROY	RIC	CHEY	DEATH Dec	ember 1	1962		
4 0		1	-		er Married 🔲 8.		9. AGE (last birthday) IF UNDER 1 YEAR	IF UNDER 24 HR		
53		111	I _	Male White Widowed □	I .	8/8/1901	61	Months Days	Hours Min.		
	۱ م			10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES: during most of working life, even if retired)	II.			l			
	Š	111	1 -	Laborer Day Laybore	MAIDEN NAME	White Clou		US			
7 /	FOILOWS	111	1			. d	1	F HUSBAND OR WIFE			
1 8 0, 1	_		-	15. WAS DECEASED EVER IN U.S. ARMED FORCES?	C. Lovela	ACLY 7. INFORMANT	None	Address			
	₹	1 1		Yes, no, or unknown) (If yes, give war or dates of servic		Mrs. Grace	Goforth	St. Jos	seph. Mo.		
l le	A F	5	- 1	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:				IN	TERVAL BETWEEN		
I 10 L			į	IMMEDIATE CAUSE (a)	Delid	bration.	Jue	0	NSEI AND DEATH		
11	AD OF	I AG WILL	3		. 0	- A	^ (
123-0	× 1mì 1	1 2	3	Conditions, If any, DUE TO (b)	to one !	Chronic	alcohol	com	·		
	SIE INST	1	ľ	which gave rise to above cause (a), stating the under-							
<u>-13/-0</u>		lying cause last. J DUE TO (c)									
DN AMENDMENTS ON			CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT disease condition given in PART I (a)	ING TO DEATH E	but not related to t	the terminal PAR	Till. If deceased there a pregnat	was female was ncy in last 90 days.		
			Ş					□ Yes □ !	No 🔲 Unknown		
	¥		CERTIF	PERFORMED?	DESCRIBE HOW I	INJURY OCCURRED.	(Enter nature of injury	in PART I or PART II	of item 18.)		
	<u> </u>										
K INK RIBB({ }	1 1	EDICAL	20c. TIME OF Houl Month, Day, Year I I I I I I I I I I I I I I I I I I I			•				
		OF	(\$	N I	bout home. 20f.	CITY. TOWN, OR I	LOCATION	COUNTY	STATE		
			7	20d. INJURY OCCURRED WHILE AT WORK AT WORK farm, factory, street, office bldg	j., etc.)				JINIE		
LAC TER AC	EAL		ľž	21. 1 attended the deceased from Dec 1, 1942	10 Dec 1	1462 and	last saw him alive on.	Dia /1	1962		
USE BLAC OR IYPEWRITER	SHOULD READ		3	Death occurred at 4:45 A	m on the d		d to the best of my kr	nowledge, from the ca	nuses stated.		
USE	lg			22e. SIGNATURE (Degree or title)	22	26. ADDRESS		i	22c. DATE SIGNED		
1	Š		[\	Warlung Christus	L	106 Kuns	Hellau		12-4-62		
	 - -		<u> </u>	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEN			LOCATION (City, to	own, or county)	(State)		
	Š		1	Removal 12/3/62 White Cl	oud Cemet		White Cloud	Ka	nsas		
	TEX			A JUNERAL DIRECTOR ADDRESS	1 ^	RECD. BY LOCAL REG	26. REGISTRAR'S		2.11		
		0	' (2	Lame, Juney Nonce St. Joseph, Mo			wo. Cla	in swood	ec_		
				flicensed Em	paimer's Statement	it on Reverse Side)					

Carmiticaced 12/2/22

To the state of the first of the state of th

TATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Signature of Student Embalmer	Signed Railes & Bennett
:51	Licensed Embalmer No. 4627 P. O. Address
	P. O. Address Assept Mc
Note: The above MUST BE SIGNED BY THE	LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If this body is not embalmed, fact should be so stated above.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.